

Case Number:	CM14-0145095		
Date Assigned:	09/12/2014	Date of Injury:	05/30/2011
Decision Date:	01/26/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker sustained a work related injury on May 30, 2011, from repetitive motion, with right upper extremity pain and weakness. The injured worker was noted to have undergone right shoulder surgery in May 2013. The surgical report was not included in the documentation provided. The injured worker was noted to have been receiving cognitive behavioral therapy (CBT). The injured worker also was noted to have had previous twenty four visits of physical therapy with no improvement. The Primary Treating Physician's report dated August 7, 2014, noted the injured worker with complaints of cervicgia, right shoulder pain, left arm radiculopathy, and depression. The Physician noted the injured worker was currently undergoing a functional restoration program for the right upper shoulder, without treatment to the cervical spine. A MRI in 2013 was noted to show facet arthropathy, with the injured worker complaining of neck pain in all range of motion and intermittent left hand numbness in all five fingers. The MRI report was not included in the documentation provided. Physical examination was noted to show pain at the limits of range of motion of the cervical spine, with normal sensation in the upper extremities. The injured worker was noted to have facial swelling and numbness on the left side of the face. The Physician's impression was cervicgia, right shoulder bursal surface rotator cuff tear, right shoulder pain, complex regional pain syndrome, chronic pain syndrome and left sided Bell's Palsy. The Physician requested authorization for Physical Therapy treatment to the cervical spine for twelve sessions, two times a week for six weeks. On August 21, 2014, Utilization Review evaluated the request for Physical Therapy treatment to the cervical spine for twelve sessions, two times a week for six weeks, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG), Neck & Upper Back, updated August 4, 2014. The UR Physician noted documentation showed twenty-four prior visits without any objective functional improvement, and that the injured worker had

exceeded the recommended amount of visits. The UR Physician noted the medical necessity of additional therapy was not clear, therefore, the request for Physical Therapy treatment to the cervical spine for twelve sessions, two times a week for six weeks was non-certified as it was not medically necessary and appropriate. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy treatment to the cervical spine for 12 sessions, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 08/04/14), Cervicalgia (neck pain), Cervical spondylosis

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic Pain Guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (at least 24sessions) to various body parts including cervical spine that was completed and failed to show improvement. The provider has failed to document any improvement from prior sessions, how many cervical physical therapy sessions were completed or rationale as to why additional PT sessions are necessary and why home directed therapy and exercise cannot be done. The requests for additional 12 physical therapy sessions are not medically necessary.